

EXHIBIT E – PART 6

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 MD0477
CATANO, P.R 00982

TAX BOND NO.

BL NO.

Date:

SJUELY257PEV019

EXPORT REFERENCES

RV# 80544

BOOKING NUMBER

MG04877

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA58831)
3205 MERIDIAN PARKWAY
WESTON, FL 33331

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

MANUEL FERNANDEZ ()
PHONE# 954-349-9988

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL

VOY. NO

FLAG

EL YUNQUE

257

N

UNITED STATES

PORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
PORT EVERGLADES, FL.PLACE OF DELIVERY
WESTON, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
WESTON, FL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
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UNIT NO: STRU4900370 1 45HC

SEAL 1: 002201

STC:
1,873 CS MEDICAL SUPPLIES

25,803

APPT: 5/6/02
AT: 8:00 A.M.
"

TIR# 91371

TR/DR

ARIFL ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
C FRT NORTHBOUND	1	625.00	625.00
UNKER SURCHARGE	1	125.00	125.00
I AUTH FEE	1	10.00	10.00
		TOTAL CHARGES: 760.00	
			BAXTER HEALTHCARE C/O SCHNEIDER (USA03830) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554

HIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

Carrier's \$600 deductible liability per container shall apply, unless Carrier's tariff provides for Shipper's limited cargo insurance with limits specified in Clauses 23 and 24 on the reverse side of Shipper's bill of lading. Clauses (A) or (B) below.

Ad Valorem - If Shipper desires a value in the space provided, Carrier's \$600 liability per container will not apply, and carrier will charge the Ad Valorem rate for Shippers cargo.

Declared Value: \$

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shippers cargo can be insured. If cargo can be insured, Shippers requests Shipper's limited cargo insurance at the applicable rates charged by Carrier.

I [] No Insured Value: \$

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERINA PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, DARRAGUE, DELIVERY, AND TRANSPORTATION OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH IS TO BE ACCOMPLISHED, THE OTHERS TO STAND VOID.

In Clause 46 of Conditions, if the amount is to be demand to the Consignee without recourse on the consignor, the consignor shall sign the following line: The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

REVISED 2/02

BY

#8A STAR LINE, LLC

P.O.2/28 5/14/2009

CB-CT 2002 02 28

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONIGNED TO ORDER

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R. 00982				TAX BOND NO. EXPORT REFERENCES	BL NO. SJUELY257JAX020 RV# 80843	Date:
				BOOKING NUMBER MG04870	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085				SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ATTN: KAY UTTER () PHONE: 847-578-5921 DELIVER: 5/07/02 AT (8:00AM)				ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT				
VESSEL EL YUNQUE	VOY. NO 257	FLAG N	UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY WAUKEGAN, IL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL		
PARTICULARS FURNISHED BY SHIPPER						
MARKS AND NUMBERS		NO OF PKGS		DESCRIPTION OF PACKAGES AND GOODS		

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS NO OF PKGS DESCRIPTION OF PACKAGES AND GOODS GROSS WEIGHT MEASUREMENT

UNIT NO: STRU4550795 1 45HC STC: 42 PALLETS
SEAL 1: 002207 1,985 PIECES
MEDICAL DEVICES
RV#80843
**
TR/D/R
D

TIR# 098459

ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
C FRT NORTHBOUND	1 1,250.00	1,250.00	
JNKER SURCHARGE	1 125.00	125.00	
F AUTH FEE	1 10.00	10.00	
	TOTAL CHARGES: 1,385.00		BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554

HIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

CARRIER'S \$500 LIMITATION OF LIABILITY per beneficiary shall apply, unless Carrier's tariff provides for Carrier's Insured's cargo insurance with limits specified in Classes 22 and 23 on the reverse side or shipper selects Options (A) or (B) below.

1 Ad Valorem - If Shipper declares a value in this space provided, Carrier's \$200 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether shipper's cargo can be insured. If cargo can be insured, shipper's liability under cargo insurance will be the applicable rates specified by Carrier.

RECEIVED THE GOODS OR PACKAGES AND TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HERIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR BAGGED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPMENT OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREUPON, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME
TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2002

BY SEA STAR LINE LLC

93 (8) 1 - 6000 24.5



HOST FAX BILL OF LADING		PLEASE REMIT <input checked="" type="checkbox"/> Check One Box TO	SEA STAR 100 BELL TEL WAY SUTIE 300 JACKSONVILLE, FL 32216	
FOR INTERMODAL TRANSPORT FOR PORT TO PORT SHIPMENT		(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT		
SHIPPER EXPORTER (COMPLETE NAME & ADDRESS) BAXTER HEALTHCARE CORP RD 5 KM 27 4 EXT EXPRESO DE DIEGO BO PALMAS CATANO PR		SHIPPER NO. B01554535	BOOKING NUMBER MA565N-0550	
		CREDIT NO.	EXPORT DEC. D10072 DJ -DJW	
CONSIGNEE (COMPI FTF NAME & ADDRESS) BAXTER HEALTHCARE CORP ONTARIO DC (REL) C/O ALLEGIANCE 4551 E PHILADELPHIA STREET ONTARIO		ZIP CODE 00962	BAXTER HEALTHCARE CORPORATION C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE IL 60554	
		CONSIGNEE NO. B01554497	EXPORT REFERENCES	
NOTIFY (NAME, ADDRESS, TAX/PHONE NUMBERS) UPON ARRIVAL PLEASE CONTACT P COBIAN / LUIS VEGA TEL :787-276-3013		NOTIFY PTY. NO. RV60642	FORWARDING AGENT REFERENCES	
ROUTING (CARRIER - INTERMODAL)		PLACE OF ORIGIN - INTERMODAL SAN JUAN		
ESSEL (SEE CL. 2) VOYAGE NO. MAYAGUEZ		FLAG 565N	PORT OF LOADING SAN JUAN	
PORT OF DISCHARGE JACKSONVILLE		DESTINATION INTERMODAL ONTARIO		
CARRIER'S RECEIPT CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK) NPRU655421-0 1X45HV S/ 026059		PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OR HM MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L		
		GROSS WEIGHT (Kilos)		
		MEASUREMENTS		
1780 PCS		MEDICAL SUPPLIES	19322.0 LB	0.00 CF
009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)				679 PCS
010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)				169
011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)				666
020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)				80
031 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF L/T 4#/CF (NMF 156600-3 CL 250)				66
088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR, IN BXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)				60
TOTAL NUMBER OF PKGS/ENV/PCKTS/POUCHES		THESE COMMODITIES ARE LICENSED FOR USE FOR THE ULTIMATE DESTINATION		DIVERSION CONTRARY TO US LAW PROHIBITED
IMPORTANT: See Clause 6		BILL TO: <input checked="" type="checkbox"/> SHIPPER <input type="checkbox"/> FORWARDER <input type="checkbox"/> CONSIGNEE		<input type="checkbox"/> NOTIFY PARTY <input checked="" type="checkbox"/> OTHER
TERMS: > <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT		OCEAN FREIGHT & ACCESSORIAL CHARGES		PREPAID
ISUR (See Tariff Reg.) YES <input type="checkbox"/>				COLLECT
values \$ Premium \$				
DECLARED VALUE OVER \$500				
per pkg. or unit \$ Extra Charge \$				
CFIV-ID in shipment, In external apparent good condition on delivery, containers, other packages or units listed in the "Carrier's Receipt", by the Shipper contain the goods described in "Particulars" marked by Shipper, which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of a B/L contract. The Carrier makes representation regarding contents, weight or measurement.				
NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN NATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.				
R. INC. ON BEHALF OF THE MASTER				
LOADING NO NAVA 380-5647355		DATE 04/30/02	<input type="checkbox"/> N/B PICKUP	Total Transport Authorized TOTAL CHARGES >

PAGE: 001 OF 002
NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 2



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
TO
 Check One Box

SEA STAR
100 BELL TEL WAY SUITE 300
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)
BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO

PR

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT		
SHIPPER NO. B01554535	BOOKING NUMBER MA565N-0570	EXPORT DEC.
CREDIT NO.	BILL TO: D10072	
ZIP CODE 00962	JL - JIM	

KC KANSAS CITY DC REL C/O ALLEGIANCE 11300 GLENWOOD ST OVERLAND PARK	CONSIGNEE NO. B01554570	BAXTER HEALTHCARE CORPORATION C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE IL 60554
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NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBLAN/LUIS VEGA ON ARRIVAL
787-275-3013

NOTIFY PTY. NO.

RV80641

FORWARDING AGENT-REFERENCES

N/A

FMC NO.

0000-FF

ORIGINATING CARRIER-INTERMODAL	PLACE OF ORIGIN-INTERMODAL	CITY, STATE AND COUNTRY OF ORIGIN
ESSEL (SEE CL. 2) VOYAGE NO.	SAN JUAN	CATANO , PR CAR
FLAG	PORT OF LOADING	VESSEL TERMINAL
MAYAGUEZ	565N	SAN JUAN
PORT OF DISCHARGE	DESTINATION INTERMODAL	PUERTO NUEVO
JACKSONVILLE	OVERLAND PARK	ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only) YES NO

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)		NO OF PACKAGES	HM MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS	NOT PART OF B/L	GROSS WEIGHT (Kilos)	MEASUREMENTS
NPRU655501-1	1X45HV	1698 PCS	MEDICAL PRODUCTS		17727.0 LB	0.00 CF
009	KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)					140 PCS
010	KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF56790-2 CL 100)					893 PCS
011	SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)					511 PCS
020	BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)					37 PCS
031	ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF L/T 4#/CF (NMF 156600-3 CL 250)					1 PCS
TOTAL DRUGS UNITS CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX						80 PCS

IMPORTANT: See Clause 6
 TOS: PREPAID COLLECT
 THESE COMMODITIES LICENSED BY US FOR THE DESTINATION

DIVERSION/CONTRABAND/ILLEGAL PROHIBITED
 BILL TO: SHIPPER FORWARDER CONSIGNEE NOTIFY PARTY OTHER

RMS: SURFACE AIR SEA RAIL PIPELINE

PREPAID COLLECT

INSURANCE (See Tariff Reg.) YES
 Premium \$
 CLARED VALUE OVER \$500

pkg. or unit \$ Extra Charge \$

IF/IFND for shipment, in minimal apparent quantity and condition, containers, other packages or units listed in the "Carrier's Receipt", by the Shipper to contain the goods described in "Particulars Shipped by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes representation regarding contents, weight or measurement.

ICE. BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN NATURE OF CARRIER ON THIS COPY AND RETAIN AS ORIGINAL INLAND/OCEAN BILL OF LADING.

, INC. ON BEHALF OF THE MASTER

LOADING NO NAVA 380-5647952	DATE: 04/30/02	<input type="checkbox"/> N&B PICKUP	E Transport Authorized	TOTAL CHARGES >	
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IMPORTANT! READ CLAUSES ON REVERSE SIDE. 9

AGE: 001 OF 002
 IM # NPR, INC. - 1987

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)
 BAXTER HEALTHCARE CORP. OF PR (SJU05000)
 PO BOX 2002 M00477
 CATANO, P.R 00962

TAX BOND NO.

BL NO.

Date:

SJUELY257PEV020

EXPORT REFERENCES

RVM 20840

BOOKING NUMBER
MG04877

SHIPPER REFERENCE NO.

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FRFEIGHT BROKER LIC

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)
 ALLEGIANCE HEALTHCARE (USA56831)
 3205 MERIDIAN PARKWAY
 WESTON, FL 33331

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)
 MANUEL FERNANDEZ ()
 PHONE# 954-349-9988

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
 SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO
 EL YUNQUE 257 N

FLAG UNITED STATES

PORT OF LOADING
 SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
 PORT EVERGLADES, FL

PLACE OF DELIVERY
 WESTON, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
 WESTON, FL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: STRU4550100	1	STC: 1,457 CS MEDICAL SUPPLIES		
SEAL 1: 2262		APPT: 6/6/02 AT: 9:00 A.M. TR/DR	11,032	
TIR# 109145				

ARIFL ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
CFRT NORTHBOUND	1	625.00	625.00
UNKER SURCHARGE	1	125.00	125.00
TAUTH FEE	1	10.00	10.00
		TOTAL CHARGES: 760.00	
			BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60564

HIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carriers \$200 Insurance of liability per container shall apply, unless Carrier's tariff provides for Shippers Interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or Shipper selects Option (A) or (B) below.

1 Ad Valorem - If Shipper declares a value in the space provided, Carriers \$200 Insurance of liability per container will not apply, and carrier will charge the Ad Valorem rate for Shippers cargo.

Declared Value

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shippers cargo has been insured. If cargo can be insured, shipper must declare value in the space provided.

** In Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

** In Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consigner, the consigner shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED.ARRIER HAS NOT INSPECTED CONTENTS OR BAD SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTATION OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THIS PAGE AND BACK HEREOP, AND CURRENT TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TOOK, AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY SEA STAR LINE, LLC

9047243009 P.03/28

40 • CT 2007-07-17



HOST FAX BILL OF LADING FOR INTERMODAL TRANSPORT FOR PORT TO PORT SHIPMENT				PLEASE REMIT TO <input checked="" type="checkbox"/> Check One Box	SEA STAR 100 BELL TEL WAY SUTIE 300 JACKSONVILLE, FL 32216	
SHIPPER NO. B01554535				(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT		
CREDIT NO.				BOOKING NUMBER MA565N-0550	EXPORT DEC.	
ZIP CODE 00962				BILL TO: D10072	DJ -DJW	
CONSIGNEE NO. B01554544				BAXTER HEALTHCARE CORPORATION C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE IL 60554		
CA 91761				EXPORT REFERENCES		
				RV80639		
NOTIFY PTY. NO.				FORWARDING AGENT - REFERENCES		
P COBIAN / LUIS VEGA 787-276-3013				FMC NO.		
ORIGINATING CARRIER - INTERMODAL:		PLACE OF ORIGIN - INTERMODAL		CITY, STATE AND COUNTRY OF ORIGIN		
		SAN JUAN		CATANO , PR CAR		
VESSEL (SEE CL. 2) VOYAGE NO.		FLAG	PORT OF LOADING	VESSEL TERMINAL		
MAYAGUEZ		5G5N	SAN JUAN	PUERTO NUEVO		
PORT OF DISCHARGE		DESTINATION INTERMODAL		ROUTING FROM DISCHARGE TERMINAL	CONTAINERIZED (Vessel Only)	
JACKSONVILLE		ONTARIO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
CARRIER'S RECEIPT						
PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF						
CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)		NO OF PACKAGES	HM MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS	NOT PART OF B/L	GROSS WEIGHT (Kilo)	
NPRU655169-6 1X45HV S/ 26058		1481 PKG	MEDICAL SUPPLIES		19439.0 LB	0.00 CF
009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175) 89 PCS						
010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF56790-2 CL 100) 280 PCS						
011 SOLUTIONS, E.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55) 1112 PCS						
TOTAL NUMBER OF PKGS OR UNITS IMPORTANT: See Clause 6						
TERMS: > <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT						
THESE COMMODITIES LICENSED BY US FOR ULTIMATE DESTINATION BILL TO: > <input type="checkbox"/> SHIPPER <input type="checkbox"/> FORWARDER <input type="checkbox"/> CONSIGNEE						
DIVERSION CONTRABAND/ILLEGAL PROHIBITED <input type="checkbox"/> NOTIFY PARTY <input checked="" type="checkbox"/> OTHER						
INSURANCE (See Tariff Reg.)		YES <input type="checkbox"/>	OCEAN FREIGHT & ACCESSORIAL CHARGES	PREPAID	COLLECT	
Fees \$ Premium \$						
CLARED VALUE OVER \$500						
1 PKG. OR UNIT \$ Extra Charge \$						
DEFINITION for shipment, in an inland or ocean bill of lading and condition, containers, other packages or units listed in the "Carrier's Receipt", by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes no representation regarding contents, weight or measurement.						
TONE. BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. CERTAIN NATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.						
4, INC.		ON BEHALF OF THE MASTER				
LOADING NO NAVA 380-5647941		DATE: 01/30/02	<input type="checkbox"/> N&B PICKUP	E Transport Authorized	TOTAL CHARGES >	
PAGE: 001 OF 001						
RM # NPR, INC. - 1987						
IMPORTANT! READ CLAUSES ON REVERSE SIDE. 8						

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)
 BAXTER HEALTHCARE CORP. OF PR (SJU05000)
 PO BOX 2002 MOD477
 CATANO, P.R. 00982

TAX BOND NO. BL NO. Date:
 SJUELY257JAX021

EXPORT REFERENCES RV# 80838

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)
 ALLEGIANCE HEALTHCARE (USA04357)
 2101 WAUKEGAN ROAD
 WAUKEGAN, IL 60085

BOOKING NUMBER SHIPPER REFERENCE NO.
 MG04870

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FRFEIGHT BROKER LIC

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)
 ATTN: KAY UTTER 0
 PHONE: 847-578-5921
 DELIVER: 5/07/02 AT (8:00AM)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
 SAN JUAN, PR

PLACE OF RECEIPT

VEHICLE VOY. NO
 EL YUNQUE 257 N FLAG UNITED STATES

PORT OF LOADING
 SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
 JACKSONVILLE, FL

PLACE OF DELIVERY
 WAUKEGAN, ILFINAL DESTINATION OF GOODS (NOT VESSEL)
 WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU8550426 SEAL 1: 002218	1 46HC	STC: 44 PALLETS 2,100 PIECES MEDICAL DEVICES RV#80838 ** TR/DR	19,537	
TIR# D99014				

ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
C FRT NORTHBOUND			
JNKER SURCHARGE	1 1,250.00	1,250.00	
F AUTH FEE	1 125.00	125.00	
	1 10.00	10.00	
	TOTAL CHARGES: 1,385.00		BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554

HIPPER LOAD AND COUNT**FREIGHT COLLECT****COPY NON-NEGOTIABLE**

Carrier's 2000 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the liability side or Shipper's interest Options (A) or (B) below.

Ad Valorem - If Shipper declares a value in the space provided, Carrier's 2000 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$ _____

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper

releases Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Insured Value \$ _____

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENCH AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHER TO STAND VOID.

REVISED 2/02

BY **SEA STAR LINE, LLC**

9047243009 P. 05/28

Clause 24 of Conditions, if the attorney is to be delivered to the Consignee's attorney or to the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and of other lawful charges.



HOST FAX BILL OF LADING FOR INTERMODAL TRANSPORT FOR PORT TO PORT SHIPMENT				PLEASE REMIT TO <input checked="" type="checkbox"/> Check One Box	SEA STAR 100 BELL TEL WAY SUTIE 300 JACKSONVILLE, FL 32216		
SHIPPER EXPORTER (COMPLETE NAME & ADDRESS) BAXTER HEALTHCARE CORP RD 5 KM 27 4 EXT EXPRESO DE DIEGO BO PALMAS CATANO PR				SHIPPER NO. B01554535	(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT BOOKING NUMBER MA565N-0610		
				CREDIT NO. B01554404	BILL TO: D10072	EXPORT DEC. JL -JLM	
				ZIP CODE 00962	BAXTER HEALTHCARE CORP C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE IL 60554		
CONSIGNEE (COMPI FTF NAME & ADDRESS) BAXTER HEALTHCARE CORP *****CROSSDOCK***** 4835 MENDENHALL MEMPHIS TN 38141				CONSIGNEE NO. B01554404	EXPORT REFERENCES RV80635 07-10-03		
NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS) P COBIAN/LUIS VEGA ON ARRIVAL 787-275-3013				NOTIFY PTY. NO.	FORWARDING AGENT REFERENCES N/A		
					FMC NO. 0000-FF		
ORIGINATING CARRIER - INTERMODAL		PLACE OF ORIGIN - INTERMODAL		CITY, STATE AND COUNTRY OF ORIGIN CATANO , PR CAR			
VESSEL (SEE CI. 2) VOYAGE NO.		FLAG	FORT OF LOADING	VESSEL TERMINAL PUERTO NUEVO			
MAYAGUEZ 565N			SAN JUAN	ROUTING FROM DISCHARGE TERMINAL			
PORT OF DISCHARGE		DESTINATION INTERMODAL		CONTAINERIZED (Vessel Only) <input type="checkbox"/> YES <input type="checkbox"/> NO			
JACKSONVILLE		MEMPHIS					
CARRIER'S RECEIPT CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)		PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF ITEMS					
NPRU655290-1 1X45HV S/ 026057		NO OF PACKAGES 1279 PCS	HM/ MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS MEDICAL PRODUCTS		GROSS WEIGHT (Kilo) 8940.0 LB	MEASUREMENTS 0.00 CF	
			ORDERS 52291655BA, 52312596BB, 52366329BB, 52392791BA, 52444291BA, 52454677AA, 52458527AA, 52460419AB, 52493293AA, 52500122BA, 52526074AA, 52536712AA, 52536713AA, 52548492AA, 52549187AA, 52556309AA, 52556310AA				
009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXs W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)					167 PCS		
010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXs W/DENS 5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)					905 PCS		
011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXs/PKG 97 (NMFC 59380-6 CLS 55)					108 PCS		
155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX \$22.30/lb (NMFC 060000 CL 70)					80 PCS		
TOTAL NUMBER OF ITEMS IMPORTANT: See Clause 6							
TERMS: <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT		THESE COMMODITIES LICENSED BY US FOR FINAL DESTINATION BILL TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> FORWARDER <input type="checkbox"/> CONSIGNEE				DIVERSION CONTRARY TO US LAW PROHIBITED <input type="checkbox"/> NOTIFY PARTY <input checked="" type="checkbox"/> OTHER	
INSURANCE (See Tariff Reg.) YES <input type="checkbox"/> Value \$ Premium \$		OCEAN FREIGHT & ACCESSORIAL CHARGES				PREPAID	COLLECT
DECLARED VALUE OVER \$500 per pkg. or unit \$ Extra Charge \$							
COPIED for shipment, in original paper good order and condition, or containers, other packages or units listed in the "Carrier's Receipt". It is by the Shipper to contain the goods described in "Particulars implied by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes no representation regarding contents, weight or measurement.							
NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTINUED ON REVERSE SIDE. CERTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS OUR ORIGINAL INLAND/OCEAN BILL OF LADING							
NAVIERAS, INC. ON BEHALF OF THE MASTER							
MASTER OF LOADING TO NAVA 300-5647904		DATE: 04/30/02	<input type="checkbox"/> N&B PICKUP	E Transport Authorized	TOTAL CHARGES >		
PAGE: 001 OF 002 NM # NPR, INC. - 1007		IMPORTANT! READ CLAUSES ON REVERSE SIDE. 6					



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
TO
 Check One Box

SEA STAR
100 BELL TEL WAY SUTIE 300
JACKSONVILLE, FL 32216

HIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO PR

ONSIGNER (COMPI FTF NAME & ADDRESS)

BAXTER HEALTHCARE CORP
ONTARIO DC (REL) C/O ALLEGIANCE
4551 E PHILADELPHIA STREET
ONTARIO CA 91761

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT
P COBIAN / LUIS VEGA
TEL : 787-276-3013

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT		
SHIPPER NO. B01554535	BOOKING NUMBER MA565N-0550	EXPORT DEC.
CREDIT NO.	BILL TO: D10072 DJ -DJW	
ZIP CODE 00962	BAXTER HEALTHCARE CORPOR C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE IL 60554	
CONSIGNEE NO. B01554497	EXPORT REFERENCES	
RV60642		FORWARDING AGENT - REFERENCES
		FMC NO.

IGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO , PR CAR

ESSEL (SEE CL. 2) VOYAGE NO.

FLAG **PORT OF LOADING**

MAYAGUEZ

565N

SAN JUAN

VESSEL TERMINAL

PUERTO NUEVO

ORT OF DISCHARGE

JACKSONVILLE

DESTINATION INTERMODAL

ONTARIO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

YES NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF
BREAK BULK)

NPRU655421-0
1X45HV
S/ 026059

NO OF PACKAGES

1780
PCS

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OR

MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS

NOT PART OF B/L

GROSS WEIGHT (Kilo)

0.00

LB

CF

009	KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)	679 PCS
010	KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF56790-2 CL 100)	169
011	SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)	666
020	BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)	80
031	ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF L/T 4#/CF (NMF 156600-3 CL 250)	66
088	BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR, IN BX/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)	60

TOTAL NUMBER OF PACKAGES/CRATES/PKGS

IMPORTANT: See Clause 6

TERMS: PREPAID COLLECT

THESE COMMODITIES LICENSED BY US FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO US LAW PROHIBITED

NOTIFY PARTY OTHER

ISURANCE (See Tariff Reg.) YES NO

values \$ Premium \$

DECLARED VALUE OVER \$500

per pkg. or unit \$ Extra Charge \$

CFIVFD In shipment, in external apparent good condition in addition,
containers, other packages or units listed in the "Carrier's Receipt",
d by the Shipper to contain the goods described in "Particulars"
misted by Shipper", which Particulars, including weight and
measurement, have not been verified by the Carrier and are not part of
s B/L contract. The Carrier makes
representation regarding contents, weight or measurement.

ITIOE. BE SURE TO READ THE TERMS OF THIS BILL OF
DING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN
NATURE OF CARRIER ON THIS COPY AND RETAIN AS
UR ORIGINAL INLAND/OCEAN BILL OF LADING.

H, INC. ON BEHALF OF THE MASTER

I OF LOADING NO **NAVA** DATE **04/30/02**
380-5647355

N/B PICKUP

Transport
Automated TOTAL CHARGES >

PAGE: 001 OF 002

ITEM # NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 2



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO

PR

CONSIGNEE (COMPI FTF NAME & ADDRESS)

KC KANSAS CITY DC REL
C/O ALLEGIANCE
11300 GLENWOOD ST
OVERLAND PARK

KS 66211

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN/LUIS VEGA ON ARRIVAL
787-275-3013

TRANSPORTING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

MAYAGUEZ

565N

PORT OF DISCHARGE

JACKSONVILLE

SAN JUAN

DESTINATION - INTERMODAL

OVERLAND PARK

CITY, STATE AND COUNTRY OF ORIGIN

CATANO , PR CAR

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

 YES NO

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OR

H.M. MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L GROSS WEIGHT (Kilo) MEASUREMENTS

ITEM NO. OF PACKAGES

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05Q00) PO BOX 2002 M00477 CATANO, P.R 00982		TAX BOND NO. EXPORT REFERENCES	BL NO. RVW 80840	Date: SJUELY257PEV020	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA58831) 3205 MERIDIAN PARKWAY WESTON, FL 33331		BOOKING NUMBER MG04877		SHIPPER REFERENCE NO.	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) MANUEL FERNANDEZ () PHONE# 954-349-9988		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FRFEIGHT BROKER LIC.			
PIER SAN JUAN, PR		PLACE OF RECEIPT			
VESSEL EL YUNQUE	VOY. NO 257	FLAG N	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE PORT EVERGLADES, FL		PLACE OF DELIVERY WESTON, FL		FINAL DESTINATION OF GOODS (NOT VESSEL) WESTON, FL	
PARTICULARS FURNISHED BY SHIPPER					
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT
UNIT NO: STRU4550100 SEAL 1: 2262	1	STC: 1,457 CS MEDICAL SUPPLIES		11,032	
		APPT: 6/6/02 AT: 9:00 A.M. TR/DR			
TIR# 109145					
SHIPPING ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:		
D FRT NORTHBOUND JNKER SURCHARGE AUTH FEE	1 1 1	625.00 125.00 10.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60564		
TOTAL CHARGES: 760.00					
SHIPPER LOAD AND COUNT			FREIGHT COLLECT	COPY NON-NEGOTIABLE	
<p><small>Carrier's \$600 limitation of liability per container shall apply. Unless Carrier's limit provides for Shipper's interest cargo insurance with limits specified in Clause 22 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small></p> <p><small>All Values - If Shipper declares a value in the spaces provided, Carrier's \$600 limitation per container will not apply, and carrier will charge the Ad Valorem fee for Shipper's cargo.</small></p> <p><small>Declared Value _____</small></p> <p><small>Insurance Coverage - See Clause 22 on this reverse side and applicable Bill to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Carrier's interest cargo insurance at the applicable rates charged by Carrier.</small></p> <p><small>1 No Insured Value _____</small></p> <p><small>Ad Valorem - Bills Clause 22 on this reverse side and applicable Bill to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Carrier's interest cargo insurance at the applicable rates charged by Carrier.</small></p> <p><small>1 No Insured Value _____</small></p> <p><small>at Clause 22 of Conditions, if the shipment is to be delivered to the Consignee without recourse by the carrier, the consignor shall sign the following: Hereby, the carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p>					
<p><small>RECEIVED THE GOODS OR PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREBY PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR BAD SEALED PACKAGES.</small></p> <p><small>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORTATION OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFRIS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</small></p> <p><small>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ (ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID).</small></p>					
			REVISED 2/02	BY <u>SEA STAR LINE, LLC</u>	
			D/C 100-7007-07-110		



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
TO
 Check One Box

SEA STAR
100 BELL TEL WAY SUTIE 300
JACKSONVILLE, FL 32216

SHIPPER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO

PR

SHIPPER NO.
B01554535

CREDIT NO.

ZIP CODE
00962

CONSIGNEE NO.
B01554544

CITY, STATE AND COUNTRY OF ORIGIN

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

BOOKING NUMBER
MA565N-0550

EXPORT DEC.

BILL TO:

D10072

DJ -DJW

CONSIGNEE (COMPLETE NAME & ADDRESS)

ONTARIO DC
C-O ALLEGIANCE
4551 E PHILADELPHIA ST
ONTARIO

CA 91761

BAXTER HEALTHCARE CORPORATION
C/O SCHNEIDER LOGISTICS
PO BOX 2000
SUGAR GROVE IL 60554

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN / LUIS VEGA
787-276-3013

NOTIFY PTY. NO.

EXPORT REFERENCES

RV80639

FORWARDING AGENT - REFERENCES

FMC NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

CITY, STATE AND COUNTRY OF ORIGIN

SAN JUAN**CATANO, PR CAR**

ESSEL (SEE CL. 2) VOYAGE NO.

FLAG PORT OF LOADING

VESSEL TERMINAL

MAYAGUEZ**565N****SAN JUAN****PUERTO NUEVO**

PORT OF DISCHARGE

DESTINATION INTERMODAL

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

JACKSONVILLE**ONTARIO** YES NO

CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NO OF PACKAGES

1481
PKG

HM MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS

NOT PART OF B/L

GROSS WEIGHT (Kilo)

MEASUREMENTS

19439.0

0.00

LB

CF

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)	89 PCS
010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF56790-2 CL 100)	280 PCS
011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)	1112 PCS

TOTAL NUMBER OF PKGS OR UNITS
IMPORTANT: See Clause 6TERMS: PREPAID COLLECTSURANCE (See Tariff Reg.) YES

Duties \$ Premium \$

CLARED VALUE OVER \$500

1 pckg. or unit \$ Extra Charge \$

CFR/FOB for shipment, in and/or upon arrival at destination, containers, other packages or units listed in the "Carrier's Rec'd".
1 by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes no representation regarding contents, weight or measurement.

NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. CERTAIN NATURE OF CARRIER ON THIS COPY AND RETAIN AS JR ORIGINAL INLAND/OCEAN BILL OF LADING.

I, INC. ON BEHALF OF THE MASTER

LOADING NO NAVA	DATE: 04/30/02	<input type="checkbox"/> N&B PICKUP	E Transport Authorized	TOTAL CHARGES ►
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PAGE: 001 OF 001

RM # NPR, INC. - 1987

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 8

SEA STAR LINE, LLC		COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"																																	
SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R. 00962		TAX BOND NO.	BL NO.	Date: SJUELY257JAX021																															
		EXPORT REFERENCES	RV# 80838																																
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		BOOKING NUMBER	SHIPPER REFERENCE NO.	SALES AGENT OR ICC (Complete Name, Address and Zip Code) FRFEIGHT BROKER LIC.																															
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ATTN: KAY UITTER PHONE: 847-578-5921 DELIVER: 5/07/02 AT (6:00AM)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																																	
PIER SAN JUAN, PR		PLACE OF RECEIPT																																	
VESSEL VOY. NO EL YUNQUE 257 N		FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN																															
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY WAUKEGAN, IL	FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL																																
PARTICULARS FURNISHED BY SHIPPER																																			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT MEASUREMENT																														
UNIT NO: NPRU8550426 SEAL 1: 002218 TR# DB9914	1 46HC	STC: 44 PALLETS 2,100 PIECES MEDICAL DEVICES RV#80838 "			19,537																														
<table border="1"> <thead> <tr> <th>FRT ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> <th colspan="3">FREIGHT PAYABLE AT/BY:</th> </tr> </thead> <tbody> <tr> <td>FRT NORTHBOUND</td> <td>1 1,260.00</td> <td>1,260.00</td> <td colspan="3">BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE</td> </tr> <tr> <td>VAKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> <td colspan="3"></td> </tr> <tr> <td>AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> <td colspan="3">IL 60554</td> </tr> <tr> <td colspan="3">TOTAL CHARGES: 1,385.00</td> <td colspan="3"></td> </tr> </tbody> </table>						FRT ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:			FRT NORTHBOUND	1 1,260.00	1,260.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE			VAKER SURCHARGE	1 125.00	125.00				AUTH FEE	1 10.00	10.00	IL 60554			TOTAL CHARGES: 1,385.00					
FRT ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:																																
FRT NORTHBOUND	1 1,260.00	1,260.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE																																
VAKER SURCHARGE	1 125.00	125.00																																	
AUTH FEE	1 10.00	10.00	IL 60554																																
TOTAL CHARGES: 1,385.00																																			
UPPER LOAD AND COUNT		FREIGHT COLLECT			COPY NON-NEGOTIABLE																														
<p>Carrier's standard limitation of liability per container shall apply, unless Carrier's tariff provides for Carrier's limited cargo insurance with terms specified in Clauses 27 and 24 in the reverse side or shipper selects Options (A) or (B) below.</p> <p>Ad Valorem - If shipper declares a value in the space provided, Carrier's gross valuation per container will not apply, and carrier will charge the Ad Valorem fee for shipping the cargo.</p> <p>Declared Value \$ _____</p> <p>Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper agrees to pay the cost of insurance.</p> <p>I <input type="checkbox"/> Indicate Value \$ _____</p>		<p>RECEIVED THE GOODS FOR PACKAGE(S) STATED TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR PAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTOMS, CARRIAGE, DELIVERY, AND TRANSPORTATION OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>																																	
<p>In Clause 24 of Conditions, if the customer is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following:</p> <p>The customer shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>		<p>REVISED 2/02</p> <p>BY <u>SEA STAR LINE, LLC</u></p>																																	
<p>9047Z243009 P.05/28</p>																																			



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
TO
Check One Box

SEA STAR
100 BELL TEL WAY SUTIE 300
JACKSONVILLE, FL 32216

HIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO

PR

ONSIGNER (COMPI FTF NAME & ADDRESS)

BAXTER HEALTHCARE CORP
*****CROSSDOCK*****
4835 MENDENHALL
MEMPHIS

TN 38141

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN/LUIS VEGA ON ARRIVAL
787-275-3013

NOTIFY PTY. NO.

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

SHIPPER NO. B01554535	BOOKING NUMBER MA565N-0610	EXPORT DEC.	
	CREDIT NO.	BILL TO: D10072	JL -JLM
ZIP CODE 00962	BAXTER HEALTHCARE CORPORATION C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE IL 60554		
CONSIGNEE NO. B01554404	EXPORT REFERENCES		
RV80635 6 Q 1-10-02		FORWARDING AGENT - REFERENCES	
N/A		FMC NO. 0000-FF	

TRANSPORT CARRIER - INTERMODAL		PLACE OF ORIGIN - INTERMODAL	CITY, STATE AND COUNTRY OF ORIGIN	
		SAN JUAN	CATANO , PR CAR	
ESSEL (SEE CL. 2) VOYAGE NO.		FLAG	PORT OF LOADING	
MAYAGUEZ		565N	SAN JUAN	
PORT OF DISCHARGE		DESTINATION INTERMODAL		ROUTING FROM DISCHARGE TERMINAL
JACKSONVILLE		MEMPHIS		CONTAINERIZED (Vessel Only) <input type="checkbox"/> YES <input type="checkbox"/> NO
CARRIER'S RECEIPT				
CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK) NPRU655290-1 1X45HV S/ 026057				
NO OF PACKAGES 1279 PC's		PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF ITEMS		MEASUREMENTS
		ITEM MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS		GROSS WEIGHT (Kilos)
		MEDICAL PRODUCTS		8940.0 LB
				0.00 CF
ORDERS 52291655BA, 52312596BB, 52366329BB, 52392791BA, 52444291BA, 52454677AA, 52458527AA, 52460419AB, 52493293AA, 52500122BA, 52526074AA, 52536712AA, 52536713AA, 52548492AA, 52549187AA, 52556309AA, 52556310AA				
009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175) 167 PCS				
010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100) 905 PCS				
011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55) 108 PCS				
155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX TOTAL NUMBER OF ITEMS (NMFC 060000 CL 70) 80 PCS				
IMPORTANT: See Clause 6				

TERMS: PREPAID COLLECT
INSURANCE (See Tariff Reg.) YES
TUES \$ Premium \$

CLARED VALUE OVER \$500

pkg. or unit \$ Extra Charge \$

FIFTH: For shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt", by the Shipper to contain the goods described in "Particulars Furnished by Shipper", which particulars, including weight and measurement, have been verified by the Carrier and a valid part of B/L contract. The Carrier makes representation regarding contents, weight or measurement.

NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. CERTAIN NATURE OF CARRIER OF THIS COPY AND RETAIN AS ORIGINAL INLAND OCEAN BILL OF LADING.

I, INC. ON BEHALF OF THE MASTER

SHIPPING TO NAVA DATE:
300-5647904 **04/30/02** N/B PICKUP E Transport
TOTAL CHARGES >

PAGE: 001 OF 002
FM # NPR, INC. - 1807

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 6



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
 Check One Box

SEA STAR
100 BELL TEL WAY SUITE 300
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
RD. 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO PR

CONSIGNEE (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
NORTHEAST DISTRIBUTION CENTER
390 COUNTY HIGHWAY 99
MONTGOMERY NY 12549

NOTIFY (NAME, ADDRESS, PHONE NUMBER)

UPON ARRIVAL PLEASE CONTACT
P COBIAN/LUIS VEGA AT
787-275-3013

NOTIFY PTY. NO.

(GPAOES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

SHIPPER NO. B01554535	BOOKING NUMBER HU567N-0290	EXPORT DEC.
CREDIT NO.	RECORRCTION *** 07/10/02	NE -NEC
ZIP CODE 00962	CONSIGNEE NO. B01554453	BAXTER HEALTHCARE CORPOR C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE IL 60554

EXPORT REFERENCES

B/L#RV80627

FORWARDING AGENT - REFERENCES

FMC NO.

NOMINATING CARRIER - INTERMODAL		PLACE OF ORIGIN - INTERMODAL	CITY, STATE AND COUNTRY OF ORIGIN	
VESSEL (SEE CL. 2) VOYAGE NO.		SAN JUAN	CATANO , PR CAR	
FLAG		PORT OF LOADING	VESSEL TERMINAL	
HUMACAO 567N		SAN JUAN	PUERTO NUEVO	

PORT OF DISCHARGE

ELIZABETH

DESTINATION INTERMODAL

MONTGOMERY

ROUTING FROM DISCHARGE TERMINAL

 YES NO

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OR				
CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)	NO OF PACKAGES	HM/MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS	NOT PART OF B/L	GROSS WEIGHT (KGS)
NPRU655171-5 1X45HV S/ 026084	267 PCS	MEDICAL PRODUCTS	20288.0	0.00
			LB	CF
ORDERS: 52536702*AA 52536703*AA 3111			PIECES	
009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXES W/DENS			410	
5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)				
010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXES W/DENS			358	
5#/CF+, W/ OIL W/O SOL. (NMF56790-2 CL 100)				
011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS			1334	
BAGS IN BXES/PKG 97 (NMFC 59380-6 CLS 55)				
020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN			57	
BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)				
088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,			60	
IN FXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)				
155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX			160	

TOTAL NUMBER OF UNITS

IMPORTANT: See Clause 6

TERMS: PREPAID COLLECT

THESE COMMODITIES LICENSED BY US FOR ULTIMATE DESTINATION

DIVERSION CONTRABAND/TOXIC LAW PROHIBITED

BILL TO: SHIPPER FORWARDER CONSIGNEE NOTIFY PARTY OTHERINSURANCE (See Tariff Reg.) YES

Values \$ Premium \$

DECLARED VALUE OVER \$500

If pckg. or unit \$ Extra Charge \$

OCEAN FREIGHT & ACCESSORIAL CHARGES

 PREPAID COLLECT

CFIVFD for shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt", paid by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of a B/L contract. The Carrier makes representation regarding contents, weight or measurement.

NOTICE. BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS ORIGINAL INLAND/OCEAN BILL OF LADING.

H. INC. ON BEHALF OF THE MASTER

NO OF LADING NO NAVA 380-5646342A1	DATE: 04/29/02	<input type="checkbox"/> N/B PICKUP	E Transport Autofaxed	TOTAL CHARGES >
--	--------------------------	-------------------------------------	---------------------------------	-----------------

PAGE: 001 OF 002
NM # NPR, INC. - 1997
IMPORTANT! READ CLAUSES ON REVERSE SIDE. 1



HOST FAX BILL OF LADING
 FOR INTERMODAL TRANSPORT FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
TO
Check One Box

SEA STAR
100 BELL TEL WAY SUITE 300
JACKSONVILLE, FL 32216

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
 RD 5 KM 27 4 EXT
 EXPRESO DE DIEGO BO PALMAS
 CATANO

PR

CONSIGNEE (COMPI FTF NAME & ADDRESS)

SOLON DC RED
 C/O ALLEGIANCE
 5260 NAIMAN PARKWAY
 SOLON

OH 44139

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT
 P COBIAN/LUIS VEGA AT
 787-275-3013

NOTIFY PTY. NO.

B/L# RV80620

FORWARDING AGENT - REFERENCES

FMC NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

CITY, STATE AND COUNTRY OF ORIGIN

SAN JUAN

CAROLINA, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

VESSEL TERMINAL

HUMACAO

567N

SAN JUAN

PUERTO NUEVO

PORT OF DISCHARGE

ELIZABETH

DESTINATION INTERMODAL

SOLON

ROUTING FROM DISCHARGE TERMINAL

YES NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OF MARK IF BREAK BULK)

GESU400011-1
 1X45HV
 S/ 026081

NOTIFY PACKAGES

1671
 PCS

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OR

HM MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L

GROSS WEIGHT (Kilo)

MEASUREMENTS

19553.0

0.00

LB

CF

ORDERS 52536672*AA 52536673*AA

PIECES

009 KITS/SETS IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXES W/DENS
 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175) 321010 KITS/SETS IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXES W/DENS
 5#/CF+, W OR W/O SOL. (NMF 56790-2 CL 100) 671011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS
 BAGS IN BXES/PKG 97 (NMFC 59380-6 CLS 55) 489020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN
 BXES/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60) 88031 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF
 L/T 4#/CF (NMF 156600-3 CL 250) 30

TOTAL NUMBER OF UNITS: 155 DRUGS/ CHEMICALS MEDICINES & OTHER ARTICLES, RVNX

140

IMPORTANT: See Clause 6

TERMS: > PREPAID COLLECTINSURANCE (See Tariff Reg.) YES

Values \$ Premium \$

DECLARED VALUE C/M: \$15000

per pkg. or unit \$ Extra Charge \$

CONFIRMED for shipment. In original apparent good order and condition,
 & containers, other packages or units listed in the "Carrier's Receipt".
 Id by the Shipper to contain the goods described in "Particulars
 furnished by Shipper", which Particulars, including weight and
 measurement, have been verified by the Carrier and are part of
 the B/L contract. The Carrier makes
 representation regarding contents, weight or measurement.

NOTICE. BE SURE TO READ THE TERMS OF THIS BILL OF
 LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN
 SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS
 OUR ORIGINAL INLAND/OCEAN BILL OF LADING.

H, INC. ON BEHALF OF THE MASTER

NO. OF LADING NO DATE:

380-5646401 04/29/02

 N/B PICKUP

Transport
Authorized

TOTAL CHARGES >

PAGE: 001 OF 002

NM/NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 3



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
TO
 Check One Box

SEA STAR
100 BELL TEL WAY SUITE 300
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)
BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO

PR

CONSIGNEE (COMPI FTF NAME & ADDRESS)
BAXTER HEALTHCARE CORP
C/O ALLEGIANCE
390 COUNTY HIGHWAY 99
MONTGOMERY

NY 12549

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT
P COBIAN/LUIS VEGA AT
787-275-3013

NOTIFY PTY. NO.

SHIPPER NO.
B01554535

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

BOOKING NUMBER
HU567N-0450

EXPORT DEC.

CREDIT NO.

BILL TO:

D10072

VE - VEM

ZIP CODE
00962

CONSIGNEE NO.
B01554453

BAXTER HEALTHCARE CORP
C/O SCHNEIDER LOGISTICS
PO BOX 2000
SUGAR GROVE IL 60554

EXPORT REFERENCES

B/L#**RV80596** Q 7-10-02

FORWARDING AGENT REFERENCES

N/A

FMC NO.

0000-FF

INITIATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

CITY, STATE AND COUNTRY OF ORIGIN

SAN JUAN**CATANO , PR CAR**

ESSEL (SEE CL. 2) VOYAGE NO.

FLAG PORT OF LOADING

VESSEL TERMINAL

HUMACAO

567N

SAN JUAN**PUERTO NUEVO**

PORT OF DISCHARGE

ELIZABETH

DESTINATION - INTERMODAL

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

CARRIER'S RECEIPT

MONTGOMERY YES NO

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK) NO OF PACKAGES PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OR

GESU400211-42134
PCS**MEDICAL PRODUCTS**24616.0
LB0.00
CF

ORDERS: 52523246*AA 52523247*AA 830673815

PIECES

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W/ OR W/O SOL (NMF 567900-1 CL 175) 306

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF56790-2 CL 100) 273

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55) 1174

020 BAGS/ENV/PCCTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN BXS/CRATE/PKGS 2311/2432 (NMFC 20480-3 CLS 60) 54

088 BAGS/ENV/PCCTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR, IN BXS/CRATES/PKGS 2311/2432 (NMFC 20480-1 CL 150) 55

TOTAL NUMBER OF UNITS CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX

240

IMPORTANT: See Clause 6

TERMS: > PREPAID COLLECTINSURANCE (See Tariff Reg.) YES

values \$ Premium \$

DECLARED VALUE OVER \$500

If pkg. or unit \$ Extra Charge \$

CFIVFD for shipment. In external appearance good order and condition, containers, other packages or units listed in the "Carrier's Receipt", paid by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes representation regarding contents, weight or measurement.

NOTICE. BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN A COPY OF THIS BILL OF LADING.

PAGE: 001 OF 002

VM # NPR, INC. - 1987

ON BEHALF OF THE MASTER

THESE COMMODITIES LICENSED BY US FOR ULTIMATE DESTINATION

BILL TO: > SHIPPER FORWARDER CONSIGNEE

DIVERSION CONTRABAND TO US LAW PROHIBITED

 NOTIFY PARTY OTHERPREPAID COLLECT

OCEAN FREIGHT & ACCESSORIAL CHARGES

H, INC.

ON BEHALF OF THE MASTER

I

OF LOADING NO

NAVA

380-5646386

DATE:

04/29/01

 N/B PICKUP**Transport**
Automotive

TOTAL CHARGES

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 1



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
TO
**SEA STAR
100 BELL TEL WAY SUITE 300
JACKSONVILLE, FL 32216**

HIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO PR

ONSIGNER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
NORTHEAST DISTRIBUTION CENTER
390 COUNTY HIGHWAY 99
MONTGOMERY NY 12549

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT
P COBIAN/LUIS VEGA AT
787-275-3013

 Check One Box

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY - NOT PART OF B/L CONTRACT)

SHIPPER NO.
B01554535

CREDIT NO.

ZIP CODE
00962

CONSIGNEE NO.

B01554453BOOKING NUMBER
HU567N-0290

EXPORT DEC.

BILL CORRECTION *** 07/10/02 NE -NEC

BAXTER HEALTHCARE CORP
C/O SCHNEIDER LOGISTICS
PO BOX 2000
SUGAR GROVE IL 60554

EXPORT REFERENCES

B/L#RV80627

FORWARDING AGENT - REFERENCES

FMC NO.

TRANSPORT CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

CITY, STATE AND COUNTRY OF ORIGIN

SAN JUAN**CATANO , PR CAR**

VESSEL (SEE CL. 2) VOYAGE NO.

ITIN

VESSEL TERMINAL

PUERTO NUEVO

PORT OF DISCHARGE

567N

DESTINATION INTERMODAL

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

 YES NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NO OF PACKAGES

NPRU655171-5
1X45HV
S/ 026084

267
PCS

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

ITEMS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L

GROSS WEIGHT (Kilos)

MEASUREMENTS

LB

CF

MEDICAL PRODUCTS

20288.0

0.00

ORDERS : 52536702*AA 52536703*AA 3111

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS
5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

PIECES

410

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS
5#/CF+, W/ OIL W/O SOL. (NMF56790-2 CL 100)

358

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS
BAGS IN BXS/FKG 97 (NMFC 59380-6 CLS 55)

1334

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN
BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

57

088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,
IN FKS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)

60

155 DRUGS/UNITS CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX

160

TOTAL NUMBER OF UNITS

IMPORTANT: See Clause 6

THESE COMMODITIES LICENSED BY US FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO US LAW PROHIBITED

IRMS: > PREPAID COLLECTBILL TO: > SHIPPER FORWARDER CONSIGNEE NOTIFY PARTY OTHERINSURANCE (See Tariff Reg.) YES

Iues \$ Premium \$

CLARED VALUE OVER \$500

pkg. or unit \$ Extra Charge \$

OCEAN FREIGHT & ACCESSORIAL CHARGES

PREPAID

COLLECT

I FIVE (5) for shipment, in external apparent good order and condition,
containers, other packages or units listed in the "Carrier's Receipt",
by the Shipper to contain the goods described in "Particulars
furnished by Shipper", which Particulars, including weight and
measurement, have not been verified by the Carrier and are not part of
B/L contract. The Carrier makes
representation regarding contents, weight or measurement.TICK. BE SURE TO READ THE TERMS OF THIS BILL OF
LADING CONTRACT CONTINUED ON REVERSE SIDE. OBTAIN
NATURE OF CARRIER ON THIS COPY AND RETAIN AS
ORIGINAL INLAND/OCEAN BILL OF LADING.

I, INC. ON BEHALF OF THE MASTER

OF LADING NO **NAVA** DATE: **04/29/02**

380-5646342A1

 N&B PICKUP**E Transport**

TOTAL CHARGES >

PAGE: 001 OF 002

IMM # NPI, INC. - 1987

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 1



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
TO
 Check One Box

SEA STAR
100 BELL TEL WAY SUITE 300
JACKSONVILLE, FL 32216

HIPPER EXPORTER (COMPLETE NAME & ADDRESS)
BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO

PR

INSIGNIA (COMPANY NAME & ADDRESS)
SOLON DC RED
C/O ALLEGIANCE
5260 NAIMAN PARKWAY
SOLON

OH 44139

SHIPPER NO.
B01554535

CREDIT NO.

ZIP CODE
00962

CONSIGNEE NO.
B01554484

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

BOOKING NUMBER
HU567N-0540

EXPORT DEC.

BILL TO:

D10072

VE - VEM

BAXTER HEALTHCARE CORP
C/O SCHNEIDER LOGISTICS
PO BOX 2000
SUGAR GROVE IL 60554

EXPORT REFERENCES

B/L#RV80620

FORWARDING AGENT - REFERENCES

FMC NO.

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

NOTIFY PTY. NO.

UPON ARRIVAL PLEASE CONTACT
P COBIAN/LUIS VEGA AT
787-275-3013

INCOTERMS CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

SSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

SAN JUAN

RT OF DISCHARGE

567N

DESTINATION INTERMODAL

SOLON

CITY, STATE AND COUNTRY OF ORIGIN

CAROLINA, PR CAR

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

YES NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF

BREAK BULK)

GESU400011-1**1X45HV****S/ 026031**

NO OF PACKAGES

1571

PCS

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

HM MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L

GROSS WEIGHT (KGS)

MEASUREMENTS

MEDICAL PRODUCTS

19553.0 0.00
LB CF

ORDERS: 52536671*AA 52536673*AA

PIECES

009 KITS/SETS IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 321
5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)010 KITS/SETS IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 671
5#/CF+, W OR W/O SOL. (NMF 56790-2 CL 100)011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS 489
BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN 88
BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)031 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 2#/CF 30
L/T 4#/CF (NMF 156600-3 CL 250)

ALL OTHER DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX 140

IMPORTANT: See Clause 6

RMS: > PREPAID COLLECT

THIS COMMODITY IS LICENSED BY US FOR ULTIMATE DESTINATION
BILL TO: > SHIPPER FORWARDER CONSIGNEE NOTIFY PARTY OTHER

URANCE (See Tariff Reg.) YES

Yes \$ Premium \$

DECLARED VALUE OVER \$5000

PKG. OR UNIT \$ Extra Charge \$

NOTWITHSTANDING THE INFORMATION CONTAINED IN THE "Carrier's Receipt",
the Shipper to contain the goods described in "Particulars
shipped by Shipper", which Particulars, including weight and
measurement, have not been verified by the Carrier and are not part of
the B/L contract. The Carrier makes no
representation regarding contents, weight or measurement.

NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF
LOADING CONTRACT CONTAINED ON REVERSE SIDE, OBTAIN
A COPY OF CARRIER ON THIS COPY AND RETAIN AS
ORIGINAL INLAND/OCEAN BILL OF LADING.

INC. ON BEHALF OF THE MASTER

DEFINING NO. **NAVA** DATE: **04/29/02** N/B PICKUP**E Transport**
Authorized

TOTAL CHARGES >

AGE: 001 OF 002

M# INPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 3



HOST FAX BILL OF LADING
FOR INTERMODAL TRANSPORT
FOR PORT TO PORT SHIPMENT

PLEASE
REMIT
TO
Check One Box

SEA STAR
100 BELL TEL WAY SUITE 300
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

BAXTER HEALTHCARE CORP
RD 5 KM 27 4 EXT
EXPRESO DE DIEGO BO PALMAS
CATANO

PR

CONSIGNEE (COMPI FTF NAME & ADDRESS)

BAXTER HEALTHCARE CORP
C/O ALLEGIANCE
390 COUNTY HIGHWAY 99
MONTGOMERY

NY 12549

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT
P COBIAN/LUIS VEGA AT
787-275-3013

NOTIFY PTY. NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

HUMACAO

567N

SAN JUAN

PORT OF DISCHARGE

ELIZABETH

DESTINATION - INTERMODAL

MONTGOMERY

CITY, STATE AND COUNTRY OF ORIGIN

CATANO , PR CAR

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

 YES NO

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

ITEM MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L

GROSS WEIGHT (Kilo)

MEASUREMENTS

MEDICAL PRODUCTS

24616.0

0.00

LB CF

ORDERS : 52523246 *AA 52523247 *AA 830673815

PIECES

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF, W OR W/O SOL (NMF 567900-1 CL 175) 306

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 5#/CF+, W/ OR W/O SOL. (NMF56790-2 CL 100) 273

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55) 1174

020 BAGS/ENV/PCXTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN BXS/CRATE/PKGS 2311/2432 (NMFC 20480-3 CLS 60) 54

088 BAGS/ENV/PCXTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR, IN BXS/CRATES/PKGS 2311/2432 (NMFC 20480-1 CL 150) 55

TOTAL NUMBER OF DRUGS UNITS CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX 240

IMPORTANT: See Clause 6

TERMS: > PREPAID COLLECTTHESE COMMODITIES LICENSED BY US FOR ULTIMATE DESTINATION BILL TO: > SHIPPER FORWARDER CONSIGNEE

DIVERSION CONTRARY TO US LAW PROHIBITED

NOTIFY PARTY

 OTHERINSURANCE (See Tariff Reg.) YES

values \$ Premium \$

DECLARED VALUE OVER \$500

pkg. or unit \$ Extra Charge \$

CFIVFD for shipment, in extremis apparent good condition and containerized, containers, other packages or units listed in the "Carrier's Receipt", paid by the Shipper to contain the goods described in "Particulars furnished by Shipper". Which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes no representation regarding contents, weight or measurement.

NOTICE. BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE, OBTAIN A COPY OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND OCEAN BILL OF LADING.

H, INC. ON BEHALF OF THE MASTER

I/O LOADING NO NAVA DATE:

380-5646386

04/29/02

 N&B PICKUP Transport

Authorized

TOTAL CHARGES

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 1